

THE TREND OF MATERNAL AND CHILD HYGIENE

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THIS is indeed the age of the child. The rapid growth of the maternal and child hygiene movement is one of the most striking developments in the public-health field. The sagacious health officer will have long ere this interpreted its significance, and laid his plans to make them contribute to the general advancement of public health.

The evidence of the wide interest in maternal and child hygiene is met at every turn. It has expressed itself in the official health field by the establishment of divisions of child hygiene, infant welfare stations and additional public-health nursing service. Organized efforts have resulted in the passage of the Sheppard-Towner Act—which we are discussing this afternoon.

In the field of the unofficial health agencies the development is equally striking. After working separately for many years six national organizations interested in child health formed the National Child Health Council. Out of this has come the amalgamation of two of the most prominent organizations into the new American Child Health Association. This organization has attracted to its leadership Secretary Herbert Hoover, who is turning his energies and experience from the American Relief Association to the child health field in America. This association will bring to the child hygiene movement greatly increased financial and social support. The policies upon which it is to be conducted are in keeping with the objectives of the public health officials of the country. One of the examples of the practical activities of the Association is the Child Health Demonstrations, which it is conducting in coöperation with the Commonwealth Fund.

The amount of public interest in a subject is not always a safe guide as to its relative importance in the public health

field. Therefore the wise health official will give careful consideration to the unusual development of maternal and child hygiene in order that he may give sufficient emphasis to it in his program.

The educational officials of our country are also intensely interested in this subject. One can scarcely attend a meeting of educators in which the subject of the health of children is not given a prominent place on the program. Courses in health education are being established in many of the teacher training institutions of the country. Health is rapidly becoming an important subject in the school curriculum.

RELATIVE IMPORTANCE OF PROBLEM

An examination of the relative importance of the problem of maternal and child hygiene will be of practical interest. The public health administrator must consider both the quantitative and qualitative importance of various activities in planning his expenditures of funds.

The problem of maternal and child morbidity and mortality is quantitatively of great importance. There were 18,000 maternal deaths in 1921, or to state it another way for every 10,000 live births there were 68 mothers who died. These rates compare unfavorably with many other countries. Among our children under 5 years of age—we had a mortality of 248,432 (1920). These figures indicate a justifiable interest in maternal and child hygiene merely on a numerical basis.

The qualitative importance of proper standards of maternal and child hygiene is recognized by every thoughtful public health worker. There can be no doubt that if we were able to attack the problem of racial building at the source of life that many of our other pressing public health problems would either be automatically solved or decreased markedly in their importance.

While the speaker realizes the importance of child health in the field of preventive medicine, he also recognizes the fact that it is but a part of the whole. One of the purposes of this paper is to stimulate the public health official to carefully analyze the facts in order that he may give due emphasis to it in his program.

NEEDS OF THE FIELD

Public health administration has passed through several distinct stages. We first spent most of our time in the suppression of disease. Dissatisfied with our success, we developed methods of prevention. Now, we are rapidly passing into a positive attack on disease by means of health promotion.

The public health official has found it necessary to gradually widen the scope of his activities. He has ever sought to find the fundamentals in the solution of any particular problem. It is not the intention of the speaker to discuss detailed methods. He should like to draw your attention to what he considers some essentials for an adequate maternal and child hygiene program.

The success of any public health procedure depends largely on sound organization—with sufficient powers and personnel. A properly organized division of Child Hygiene in a State Department of Health can stimulate the local community and will tap the resources in the national field. This seems to me to be one of the ways in which the Sheppard-Towner appropriations will be most effective. It is my understanding that the Administrative Board desires to assist the States in establishing sound administrative machinery for the protection of maternity and infancy.

Improved medical and nursing service is absolutely essential, if we are to further reduce maternal and child mortality. This applies both to the amount and quality of the service. Everyone here is familiar with the unequal distribution of physicians which has resulted in many undoctored communities in our country.

This is a subject which deserves separate discussion.

The quality of our medical and nursing service is of even greater importance. When we consider the fact that of the 18,000 maternal deaths 60 per cent of them are due to septicemia, we realize the gravity of the situation. This gravity is increased, if we reflect further on the kind of medical care which is received by the average infant or child. This is not a denunciation of the medical profession—it is a plain statement of fact. The correction of these conditions is of mutual interest to the medical profession and the public health worker.

PUBLICITY AND EDUCATION

The facilities for suitable publicity and education are of vital importance. The objective of our publicity should be to build up an informed public opinion which will support a well rounded program of child hygiene. This program must contain ample provision for the education of the individual. Our educational matter must be of proper character and our personnel must understand the principles of teaching. Too often we mistake public health information for education.

FUTURE DEVELOPMENTS

A commendable amount of progress has been made in recent years in the field of maternal and child hygiene. The future developments will be dependent upon the securing of the above mentioned essentials—plus the establishment of proper relationships between three distinct groups. I refer to the

- (a) public health group
- (b) medical group
- (c) voluntary health organizations.

Each one of these groups has a definite part to perform and is charged with a particular responsibility.

The public health group has the greatest responsibility and the greatest opportunity. They should furnish constructive leadership for the child hygiene movement. Such leadership is needed to wisely guide the rapidly increasing enthusiasm for this type of work. The problem of

satisfactory medical relationship is no simple matter. To enlist the active co-operation of all the agencies in the field is a task for a public health statesman.

The ultimate success of any child hygiene program will depend upon proper medical relations. The time has arrived for the medical profession to actively participate in the public health movement. In order to bring this about, the public health group should make a concerted effort to convince the physician of their mutual interests.

The medical group must prepare themselves to meet the demands for preventive service which will come from educated public opinion. Fortunately some of the medical leaders are alive to this necessity. In Mansfield, we have a small group of progressive physicians who are actively at work along this line. Further it is the responsibility of the medical group to assist in raising the standards of obstetrical practice and the medical care of children.

The voluntary health organizations are

at once the scouts and the reserves of the public health army. One of their big functions is the exploration of little known fields. With their freedom of action, they can make these explorations, when the official agency is limited either by funds or public sentiment. Another important function—is to support and supplement the official agency. Only too frequently the public health official fails to tap the resources which this group can make available.

We are on the upward trend in the child hygiene movement. The widespread interest in this case coincides with a relatively important problem in the public health field. In the course of our discussion, we have pointed out certain essentials for the solution of the problem. We have indicated certain resources which are available for the health officials. The outcome of this movement is of vital importance to our country. Its success depends upon alliance between the public health officials, the physician and the voluntary health agencies.



REPORT OF THE COMMITTEE ON MEDICAL SERVICE OF THE STATE AND PROVINCIAL HEALTH AUTHORITIES

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BELIEVING that the most important problem in the field of medical practice which to-day confronts the people of the United States is that of medical service to the inhabitants of the rural districts, your committee has attempted to secure data regarding such service by means of a circular letter addressed to all the state health officers requesting information as to the condition of affairs in the rural districts, (1) in general, as to the adequacy of medical service in such districts; (2) the proportion of inhabitants to the practitioners available; (3) the average age of the practitioners, and (4) the increase or decrease in the number of practitioners during recent years.

Replies have been received from 36 of

the 48 states. The information obtained has naturally been of varying degrees of value, dependent largely on the facilities of the state health officer for obtaining it. Nevertheless, it has served to create a picture of conditions relating to medical service in rural districts which is most enlightening, and which may be summed up as follows:

1. There is a universal tendency for physicians to abandon the rural districts in favor of the cities.

2. The number of those remaining belong in a very large proportion of cases to the older generation.

3. There is little or no tendency for recent graduates to seek practice outside of the large centers of population.

4. In hundreds of rural districts medi-